

DO NOT WRITE IN THIS AREA

20

NAME: _____

MONTH OF _____ **19** _____

(Do not combine your income for more than one month, if filing monthly.)

QUARTER OF _____ **19** _____





(Do not combine your income for more than one quarter, if filing quarterly.)

T.A. REG. NO. _____

SEMIANNUAL PERIOD OF _____ **19** _____

(Do not combine your income for more than one semiannual period, if filing semiannually.)

• ATTACH CHECK OR MONEY ORDER HERE •

DISTRICT	GROSS RENTAL PROCEEDS OR GROSS RENTAL a		EXEMPTIONS/DEDUCTIONS (EXPLAIN ON REVERSE SIDE) b		TAXABLE PROCEEDS c		RATE	TAXES d		
TAXATION DISTRICT 1 (OAHU)							.06			1
TAXATION DISTRICT 2 (MAUI, MOLOKAI, LANAI)							.06			2
TAXATION DISTRICT 3 (HAWAII)							.06			3
TAXATION DISTRICT 4 (KAUAI)							.06			4
IF YOU DO NOT HAVE ANY GROSS RENTAL PROCEEDS, AND THE RESULT IS NO TAX DUE, ENTER "0" IN EACH COLUMN FOR THE APPLICABLE TAX DISTRICT(S) AND ON LINES 5 AND 8.					5	TOTAL TAXES DUE				5
FOR LATE FILING ONLY: 					6a	Penalty 				6
					6b	Interest 				
MAKE CHECK PAYABLE TO "HAWAII STATE TAX COLLECTOR" IN U.S. DOLLARS DRAWN ON ANY U.S. BANK. WRITE YOUR T.A. REGISTRATION NUMBER ON THE CHECK					7	Total Payment  (PAY IN U.S. DOLLARS ONLY)				7
GRAND TOTAL EXEMPTIONS/DEDUCTIONS FROM BACK OF FORM					8					

I declare, under the penalties set forth in section 231-36, HRS, that this is a true and correct return, prepared in accordance with the provisions of the Transient Accommodations Tax Law, Chapter 237D, HRS.

A CORPORATION OR PARTNERSHIP TAX RETURN MUST BE SIGNED BY AN OFFICER, PARTNER, OR DULY AUTHORIZED AGENT OF SUCH ENTITY.

SIGNATURE

TITLE

DATE

— MAILING ADDRESSES —

OAHU DISTRICT OFFICE P.O. BOX 2430 HONOLULU, HI 96804-2430	MAUI DISTRICT OFFICE P.O. BOX 1427 WAILUKU, HI 96793-6427	HAWAII DISTRICT OFFICE P.O. BOX 937 HILO, HI 96721-0937	KAUAI DISTRICT OFFICE P.O. BOX 1687 LIHUE, HI 96766-5687
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THIS SPACE FOR DATE RECEIVED STAMP

LIST DETAILS CONCERNING "EXEMPTIONS" AND/OR "DEDUCTIONS" CLAIMED.

Operators of health care facilities, school dormitories, lodging provided by nonprofit corporations or associations, military living accommodations, low-income rental accommodations subsidized by the government, accommodations furnished to full time post-secondary students, and accommodations furnished without charge are exempt from the tax. Also, any general excise taxes visibly passed on to the customer and any transient accommodation taxes visibly passed on to the customer after June 30, 1990 are not to be included as part of gross rental proceeds. Accounts that are worthless and actually charged off may be excluded from gross rental proceeds. If any of these exemptions or exclusions are claimed in column b on the front page, you must itemize them in the spaces provided below.

AMOUNT		DISTRICT 1 — OAHU
		TOTAL EXEMPTIONS and/or DEDUCTIONS (Enter here and on line 1, column b, front page.)

AMOUNT		DISTRICT 2 — MAUI, MOLOKAI, LANAI
		TOTAL EXEMPTIONS and/or DEDUCTIONS (Enter here and on line 2, column b, front page.)

AMOUNT		DISTRICT 3 — HAWAII
		TOTAL EXEMPTIONS and/or DEDUCTIONS (Enter here and on line 3, column b, front page.)

AMOUNT		DISTRICT 4 — KAUAI
		TOTAL EXEMPTIONS and/or DEDUCTIONS (Enter here and on line 4, column b, front page.)

AMOUNT		GRAND TOTAL EXEMPTIONS and/or DEDUCTIONS (Enter here and on line 8, front page.)

(NOTE: If additional space is needed, please attach schedule.)